

FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION 2012-13

Part 1. Children in School

| Names of all children in school (First, Middle Initial, Last) | School Name | Grade | Check if a foster child (legal responsibility of welfare agency or court). If all children listed are foster children, skip to Part 5 to sign this form. |
|--|-------------|-------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part 2. Benefits

If any member of your household receives SNAP, TANF or FDPIR, provide the name and case number for the person who receives benefits and **Skip to Part 5. If no one receives these benefits, Skip to Part 3.**

Name: _____ Case Number: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box

Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Total Household Gross Income – You must tell us how much and how often

| 1. Names of every person in the household | 2. Gross income for every person in the household and how often it was received: monthly, twice a month, every two weeks, or weekly. | | | | 3. Check if No Income |
|---|--|---------------------------------|---------------------------------------|------------------|-----------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| (Example) Jane Smith | \$200/weekly | \$150/every two weeks | \$100/monthly | \$ | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Printed Name of Adult _____ Telephone _____

Address _____ City/ZIP _____

Signature _____ Date _____

Social Security Number: * * * - * * - _ _ _ _

Part 6. Children's Ethnic and Racial Identities (Optional)

| Choose one Ethnicity | Choose one or more (regardless of ethnicity) |
|--|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| | <input type="checkbox"/> Black or African American |

Do not write below this line. This is for school use only.

Annual Income Conversion: Monthly X 12, Twice a Month X 24, Every 2 Weeks X 26, Weekly X 52

Determination based on (check one): ☐ Income Household: Total Income _____ per _____ Household Size _____

☐ SNAP/TANF/FDPIR Household ☐ Migrant, Homeless, or Runaway Child ☐ Foster Child (Categorically Eligible)

Check the box that applies: **Approved for:** ☐ Free ☐ Reduced-Price

Denied for: ☐ Income Over ☐ Incomplete/Missing Information

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Confirmation Review clarification: Prior to verification activity, an LEA official, other than the official who made the initial eligibility determination, must review each approved application selected for verification to ensure that the initial determination was accurate.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

| FEDERAL INCOME CHART | | | |
|-----------------------------|--------|---------|--------|
| Household size | Yearly | Monthly | Weekly |
| 1 | 20,665 | 1,723 | 398 |
| 2 | 27,991 | 2,333 | 539 |
| 3 | 35,317 | 2,944 | 680 |
| 4 | 42,643 | 3,554 | 821 |
| 5 | 49,969 | 4,165 | 961 |
| 6 | 57,295 | 4,775 | 1,102 |
| 7 | 64,621 | 5,386 | 1,243 |
| 8 | 71,947 | 5,996 | 1,384 |
| Each additional person: | 7,326 | 611 | 141 |

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

Free or low-cost health insurance for children and teenagers.

Your children may qualify for health coverage under the Healthy Montana Kids (HMK) Program. Children and teenagers who get regular checkups (and treatment for health problems) do better in school and are more likely to become healthy adults. For more information, call 1-877-KidsNow (1-877-543-7669) or visit us on-line at www.hmk.mt.gov.

